

YOUR RIGHTS REGARDING INVOLUNTARY PSYCHIATRIC MEDICATIONS WHILE IN PRISON

- ☐ **Emergency Medication Procedure: Hearing Within 21 Days of being served.** If a psychiatrist has determined that you require psychiatric medication on an emergency basis and you will not or cannot consent to take that medication on a voluntary basis, your clinician must sign and file with the Office of Administrative Hearings a form 7363 "Inmate Rights Notice - Involuntary medication" no later than 72 hours after the initial medication, advising that you have been given medication on an involuntary basis.
- ☐ **Emergency Medication Procedure: Right To Attorney.** At the time you receive this form, the law requires that an attorney be appointed. The name of your appointed attorney is written on Form 7363, which is the form used to initiate involuntary medication. The law requires that you be given a copy of this paperwork.
- ☐ **Emergency Medication Procedure: 2 Business Days To Object To Being Medicated Pending Your Full Hearing.** At the time involuntary medication is initiated, you, or your appointed attorney, have two business days to file a written objection to being medicated on an interim basis pending your full hearing in front of a judge. You may send your written objections to the Office of Administrative Hearings, 2349 Gateway Oaks, Suite 200, Sacramento, CA 95833, or via email to: keyheafilings@dgs.ca.gov.
- ☐ **Inmate Rights Under Penal Code Section 2602 – Administration of Psychiatric Medication – All Hearings.**
- ☐ If a psychiatrist determines that you should be required to take psychiatric medications to address a serious mental illness and you either will not consent or lack the capacity to consent, you have the right to a timely hearing in front of an administrative law judge, conducted in an impartial and informal manner;
- ☐ You have the right to an attorney to represent you in the mental health hearing, and, assuming you cannot afford an attorney, by default, an attorney has been appointed to represent you;
- ☐ You must be physically present at your hearing unless you waive your presence either in person, through your attorney, or through an agent of the court (such as the Medication Court Administrator). Your waiver of your right to appear at the hearing will only be granted if the judge finds that you have knowingly, intelligently, and voluntarily waived your right to appear at the hearing;
- ☐ You have the right to present evidence, call witnesses, and testify on your own behalf;
- ☐ Your attorney shall have access to your medical records and files, but not the confidential portion of your C-file;
- ☐ You have the right to have your attorney cross-examine the psychiatrist and other persons who allege that you have a serious mental illness and need to be involuntarily medicated;
- ☐ You have the right to 21-days-notice of a non-emergency hearing, unless your attorney agrees to a different time period;
- ☐ Non-emergency hearings must be held within 30 days after the filing of notice with the Office of Administrative Hearings, unless a different time period is agreed to by your attorney.
- ☐ **Post-Hearing Remedies.** If you disagree with the ruling of the administrative law judge, you may file *in propria persona* a petition for writ of administrative mandamus pursuant to California Code of Civil Procedure 1094.5, or you may file a petition for writ of habeas corpus with the superior court in the county in which you are confined or in the county in which the case was heard.
- ☐ **Reconsideration.** You have a right to file one motion for reconsideration over the course of a year if a judge has determined that you should receive involuntary medication, and may seek to present new evidence, upon good cause shown.
- ☐ **Privacy.** Your relatives are not notified of this proceeding. If you want them notified, advise the Medication Court Administrator and provide contact instructions.
- ☐ **Renewal of the Order.** Medication orders last for one year. You are entitled to at least 21 days written notice if the Department of Corrections and Rehabilitation intends to renew your involuntary medication order.

Person Explaining These Rights To Inmate:

Printed Name	Signature	Date Signed
--------------	-----------	-------------

1. Disability Code: <input type="checkbox"/> TABE score \leq 4.0 <input type="checkbox"/> DPH <input type="checkbox"/> DPV <input type="checkbox"/> LD <input type="checkbox"/> DPS <input type="checkbox"/> DNH <input type="checkbox"/> DNS <input type="checkbox"/> DDP <input type="checkbox"/> Not Applicable	2. Accommodations: <input type="checkbox"/> Additional Time <input type="checkbox"/> Equipment <input type="checkbox"/> SLI <input type="checkbox"/> Louder <input type="checkbox"/> Slower <input type="checkbox"/> Basic <input type="checkbox"/> Transcribe <input type="checkbox"/> Other*	3. Effective Communication: <input type="checkbox"/> P/I asked questions <input type="checkbox"/> P/I summed information Please check one: <input type="checkbox"/> Not Reached* <input type="checkbox"/> Reached *See chrono/notes	CDCR #: Last Name: First Name: MI: DOB:
4. Comments:			

Instructions:

Purpose of Inmate Rights Notice: The “Inmate Rights Notice – Involuntary Medication” notice is for the Medication Court Administrator or designee to document the rights that were explained to the inmate.

1. Enter the inmate-patient’s CDCR number, name, and date of birth in the bottom right.
2. Complete the Effective Communication label at the bottom of the page according to directions below.
3. Inform the inmate of his/her rights. Check off each item as it is discussed with the inmate.
4. **Only mark the top three boxes “Emergency Medication” if seeking an interim ex-parte medication order, which apply only to initial cases (new PC2602 cases). DO NOT check first 3 boxes for renewals.**
5. Provide this form to the inmate in both Initial and Renewal cases.
6. Print the name and title of the person explaining the notification or use a rubber stamp and sign the notice.
The name of the author must be legible.
7. **Additional resources are available at:**
<http://intranet/team/Admin/DSS/OLA/HeathCareLegalTeam/Involuntary%20Medication/default.aspx>

Effective Communication: The Effective Communication section must be completed any time there is a clinically relevant encounter in which meaningful information is exchanged between the licensed clinician and the inmate-patient. For further information and examples of some encounters in which effective communication is required, see IMSP&P, Volume 2, Ch. 4.

<p>1. Disability: a. Check all boxes that apply regarding the inmate-patient’s disability. Disability Codes: TABE score ≤ 4.0 <u>DPH</u> – Permanent Hearing Impaired <u>DPV</u> – Permanent Vision Impaired <u>LD</u> – Learning Disability <u>DPS</u> – Permanent Speech Impaired <u>DNH</u> – Permanent Hearing Impaired; improved with hearing aids. <u>DNS</u> – Permanent Speech Impaired; can communicate in writing. <u>DDP</u> – Developmental Disability Program <u>N/A</u> – Not applicable</p>	<p>2. Accommodation: a. Check all boxes that apply to the special accommodations made to facilitate effective communication: <u>Additional time</u> – P/I (inmate-patient) was given additional time to respond or complete a task. <u>Equipment</u> – Special equipment was used to facilitate effective communication. Note the type of equipment used in the comments section. <u>SLI</u> – Sign Language Interpreter. <u>Louder</u> – The provider spoke louder. <u>Slower</u> – The provider spoke slower. <u>Basic</u> – The provider used basic language. <u>Transcribe</u> – Communication was written down. <u>Other</u> – Any other tool that was used to facilitate effective communication.</p>	<p>3. Effective Communication: a. Check all boxes that apply that summarize how it was verified that effective communication was reached. <u>P/I asked questions</u> – The patient-inmate asked questions regarding the interaction. <u>P/I summed information</u> – The patient-inmate summarized information regarding the interaction. b. Check one box to indicate if effective communication was or was not reached. ONE of these boxes must be checked.</p>
<p>4. Comments: Provide any additional information regarding effective communication.</p>		